## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISS FEE

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appropriate. All further of indicated unless correcte maintenance fee notificat	d below or directed oth	g the Patent, advance erwise in Block 1, by	orders and notification of a (a) specifying a new corre	maintenance fees w spondence address;	ill be n and/or	nailed to the current of (b) indicating a separ	correspondence address as rate "FEE ADDRESS" for	
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BURNS, DOAL P.O. Box 1404 Alexandria, VA	NE, SWECKER & 22313-1404	P. I he Stat add tran	Cerreby certify that the respect of the Mail smitted to the USP	tificate is Fee(s) vith suff Stop I TO (571	of Mailing or Transn ) Transmittal is being icient postage for first SSUE FEE address ) 273-2885, on the da	nission deposited with the United t class mail in an envelope above, or being facsimile tte indicated below.		
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APPLICATION NO.	FILING DATE	A IHADE	FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
10/614,524	07/08/2003		Greta Arnaut	021565-083 9104				
EXPRESSING SAME		INSECTICIDAL CRY	1BF BACILLUS THURIN	GIENSIS PROTEI	INS AN	ID RECOMBINANT	HOSTS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	11/20/2006	
- EXAMINER		ART UNIT	CLASS-SUBCLASS	]				
KUBELIK, ANNE R 1638			800-302000	•				
<ul> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>			(1) the names of up to or agents OR, alternati (2) the name of a single registered attorney or 2 registered patent attorney or 3 registered patent attorney or	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 to 1 to 1 to 1 to 1 to 1 to 2 to 1 to 1				
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or tw	ne) (25 kg	9 <b>1 E 13 1</b>		1400,000 02	
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
BAYER BI	OSCIENCE N.V.	•	Gent, Belgiu	m				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛎 Corporation or other private group entity 🔲 Government								
la. The following fee(s) a  Sal Issue Fee  Dal Publication Fee (No	o small entity discount p	D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed.  ☐ Payment by credit card. Form PTO-2038 is attached.  ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).						
. Change in Entity State	us (from status indicated	l ahove)	overpayment, to Depe	Sit Account Number	102 -	(enclose an	extra copy of this form).	
5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ \text{ \text{ \text{change in Entity Status}}} & \text{ \text{ \text{ \text{ \text{change in Entity Status}}}} & \text{ \text{ \text{ \text{ \text{change in Entity Status}}}} &  \text{ \								
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in nterest as shown by the records of the United States Patent and Trademark Office.								
Authorized Signature	Ch Yu					er 17, 2006		
Typed or printed name	Christophe	r L. North, P	h.D.	Registration N	o	50,433		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and								

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	) MAIL STOP ISSUE FEE
Greta Arnaut et al.	) Confirmation No.: 9104
Application No.: 10/614,524	)
Filing Date: July 8, 2003	)
Title: DNA ENCODING INSECTICIDAL CRY1BF BACILLUS THURINGIENSIS PROTEINS AND RECOMBINANT HOSTS EXPRESSING SAME	) ) ) )

## PAYMENT OF ISSUE FEE AND PUBLICATION FEE AND AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT FOR ANY DEFICIENCY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Attached is an Issue Fee Transmittal form (form PTOL-85). The Director is hereby authorized to charge any fees under 37 C.F.R. §§ 1.18, 1.19, and 1.21 that may be required by the attached Issue Fee Transmittal Form or in connection with the publication of this application, and to credit any overpayment, to Deposit Account No. 02-4800.

This paper is being submitted in duplicate.

Respectfully submitted,

**BUCHANAN INGERSOLL & ROONEY PC** 

Date: November 17, 2006

By: Christopher L. North

Registration No. 50433

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620